

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
1	1	DEP	IND	DEP	IND	DEP	51					
2		1					52					
3			1				53					
4			1				54					
5							55					
6							56					
7							57					
8							58					
9							59					
10	1						60					
11		1					61					
12		1					62					
13			1				63					
14			1				64					
15			1				65					
16			1				66					
17				1			67					
18	1						68					
19		1					69					
20							70					
21							71					
22							72					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	16	1	1	1	1	1	TOTAL DEP.	1	1	1	1	1
TOTAL CLAIMS	19	1	1	1	1	1	TOTAL CLAIMS	1	1	1	1	1